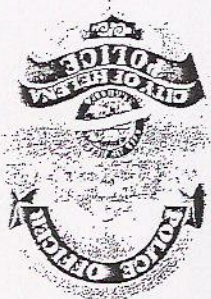


HELENA POLICE DEPARTMENT

Request for Additional Patrol

Date: _____ Time: _____
Date Request Expires: _____



Name: _____
Address: _____
Location Patrol Needed: _____
Type of Premises: ☐ Business ☐ Residence ☐ Other: _____
Reason for Extra Patrol: ☐ Premise is Vacant ☐ Other: _____
Is Premise Protected by Alarm System? ☐ Yes ☐ No
For vacant premise: _____
Date you are leaving: _____
Returning: _____

Telephone number where you can be reached: (_____) _____
Emergency Contact Person: _____
Name: _____
Telephone (_____) _____
Other persons that will have access to premise: _____

Please briefly describe the reason extra patrol is needed: _____

Person Taking Request: _____ ID# _____
Remarks from Patrol Units: _____

